

**APPLICATION FOR LISTING ON THE
LIST OF ELIGIBLE SURPLUS LINES INSURERS**

Division Use Only

Batch # _____ \$ _____

Approved By _____

Date of Issue _____

Issue No. _____

1	<p>The answers to the following questions must be supplemented in the event that the information provided changes. In the event that the information set forth in Questions 6 and 16 of this application changes, this company agrees to provide notice within 30 days. With respect to changes to information other than Question 6 and 16, this company represents that it will provide notice as soon as practicable.</p> <p>Name of Insurer: _____</p>
2	<p>Address: _____</p> <p>_____</p>
3	<p>City and Country or State of Domicile: _____</p> <p>_____</p>
4	<p>Date Incorporated or Formed: _____</p>
5	<p>Attach certified copies of insurer's Articles of Incorporation and Bylaws.</p>
6	<p>United States counsel (or representative):</p> <p>Name: _____</p> <p>Address: _____</p> <p>Telephone: _____</p>
7	<p>Has insurer ever changed its name state or country of domicile? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," attach sheet giving full particulars on change(s).</p>
8	<p>Line or lines of insurance insurer authorized to conduct by domiciliary country. Attach a certified copy of insurer's charter and/or such other documents authorizing such lines of insurance in domiciliary country or state: _____</p> <p>_____</p> <p>_____</p>
9	<p>Name and mailing address of principal insurance supervisory official (Insurance Commissioner) of country or state or domicile: _____</p> <p>_____</p> <p>_____</p>

10	Is the insurer licensed in any state? ¹ If "Yes," attach list of such state(s). <input type="checkbox"/> Yes <input type="checkbox"/> No
11	Does insurer appear on the eligible or approved lines list published or maintained by any state or surplus line association? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," attach list of such state(s) or associations.
12	U.S. Trust Fund (alien companies): Trustee: _____ (Include name of trust officer responsible for account.) Address and Telephone: _____ Valuation \$ _____ Expiration Date: _____ (Attach a copy of the trust agreement and a certification from the Trustee describing the corpus of the Trust.)
13	Officers and Directors of Insurer: Attach a list using the NAIC biographical affidavit giving name, address and biographical of each director of insurer and each of its principal officers including full disclosure of all past employment and/or other affiliations in insurance industry.
14	Will any agent, broker, managing underwriter or managing general agent in the United States have binding underwriting authority on behalf of insurer? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," attach a list of such entities and give their addresses.
15	Has insurer appointed any person to accept service of process on its behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," give name and address of such person(s) on attached form.
16	Control of Insurer: List the five largest shareholders of the company and in addition, all persons owning or controlling 10 percent or more of the insurer's outstanding share. If the insurer is directly or indirectly ² owned or controlled by another company, attach a list indicating the five largest shareholders and all other persons owning 10 percent or more of the shares of the ultimate controlling company. In addition, if the insurer is a member of a holding company system, attach a chart showing each member of the system. Attach an NAIC biographical affidavit of all persons owning or controlling 10 percent or more of the insurer and the ultimate controlling company.
17	Does a foreign government own directly or indirectly ³ , any voting shares or other voting rights in insurer? If so, a. identify the number of voting shares and percentage of the number of voting shares outstanding for each direct and indirect ownership; b. for each immediate organization identify the name of the organization and the information identified in item (a) above; c. if voting is controlled other than through shareholding, describe the authority to vote. This would include powers to place nominees on boards of directors; d. describe any other involvement of a foreign government in the operating affairs of insurer (other than regulation, taxation, etc.); e. does a foreign government control the operating affairs of insurer? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "No" and positive responses were made to questions (a)–(d), explain why these responses do not indicate control.

¹ Any reference to "state" refers only to a state of the United States of America.

² "Indirectly" means ownership through some other intermediate organization or organizations.

³ Reports of indirect ownership must be made in any case where the foreign government owns 10 percent or more of the voting shares or voting rights in an organization that ultimately owns 10 percent or more off the insurer. The 10 percent rule applies at each level of any hierarchy of ownership involved. Thus, where a foreign government owns 10 percent or more of Company A, that owns 10 percent or more of Company B, that owns 10 percent or more of the insurer, the foreign government must be identified along with information on Company A and Company B.

18	Attach a description of type and limits coverage insurer proposes to write, or writes, in the U.S. and a brief description of insurer's method of operation in the United States.
19	State the insurer's underwriting policy as to the largest net aggregate amount insured in any one risk.
20	<p>Financial Statements:</p> <p>Attach copies of the latest financial statement and certified auditor's report. Also, attach a copy of the latest financial statement that is required by your domiciliary regulator, if different from the foregoing. Statements must be in English. Monetary amount should be in U.S. dollars if possible; however, this is not mandatory. Note: Additional statements (i.e., prior years) and/or other information may be requested in some cases. It is suggested that financial statements covering at least three years be filed, if possible.</p>
21	Summarize any significant civil, criminal administrative or other legal actions in which insurer is or has within the past ten years been involved.
22	<p style="text-align: center;">CERTIFICATION</p> <p>The undersigned deposes and says that he/she has duly executed the attached Application for Listing dated _____, 20_____, for and on behalf of _____; that he/she is the _____ (name of insurer) _____ of such insurer, and that _____ (title of officer)</p> <p>he/she has authority to execute and file such application. Deponent further says that he/she is familiar with such application, has ongoing duty to update the information therein and that the facts therein set forth are true to the best of his/her knowledge, information and belief.</p> <div style="text-align: right; margin-top: 20px;"> <p>_____ Signature</p> <p>_____ Type or Print Name</p> <p>_____ Date</p> </div>

ELIGIBLE SURPLUS LINES INSURERS FORMS AND FEES REQUIRED

The following must be included in the application for listing as an eligible surplus lines insurer:

1. Alaska requires unimpaired basic capital and additional surplus equal to that required in your domiciliary jurisdiction or \$15,000,000, whichever is greater.
2. Form 08-1241, Application for Listing
3. Form 08-253, Appointment of the Director of Insurance at Attorney for Service of Process
4. Form 08-254, Designation of Person to Receive Service of Process
5. A registration fee of \$1,000 (check payable to the Alaska Division of Insurance)
6. A certified copy of the company's latest annual statement or the organizational examination of a new company (foreign) or the most current IID Financial Reporting Format (alien)
7. A certified copy of the company's latest examination (foreign)
8. Biographical sketches of all officers and directors of the company
9. Trust Agreement (alien)
10. Certification of Trust in the amount of at least \$2,500,000 (alien)
11. Certified Copy of Articles of Incorporation
12. Certified Copy of By-Laws
13. Document indicating Lines Authorized in Domiciliary Country or State
14. Plan of Operation
15. Underwriting Policy
16. List of Control of Insurer

Contact: Dee Ann Teseneer at deeann_teseneer@commerce.state.ak.us or (907) 465-4610.